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FROM: KATHRYN LAPPEGARD

RE: U.S. PATENT APPLICATION SERIAL NO. 09/020,716
ATTORNEY DOCKET NO. 0815AAAE

DATE: 01/25/05

FAX NUMBER: (703) 872-9306

NUMBER OF PAGES FOLLOWING THIS SHEET: 13

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Transmittal Form (1 Page)
Notice of Appeal (1 Page)
Petition for Extension of Time (1 Page)
Amendment (9 Pages)**

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PTO/SB/97 (09-04)

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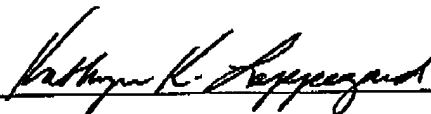
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46,857

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- 1) Transmittal Form (1 Page)
- 2) Notice of Appeal (1 Page)
- 3) Petition for Extension of Time (1 Page)
- 4) Amendment (9 Pages)

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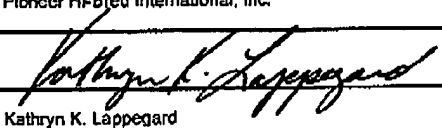
JAN 25 2005

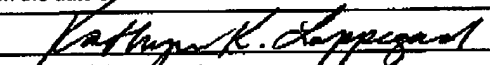
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/020,716	
	Filing Date	02/09/1998	
	First Named Inventor	Rudolf Jung	
	Art Unit	1638	
	Examiner Name	McElwain, Elizabeth F.	
Total Number of Pages In This Submission	12	Attorney Docket Number	0815AAAE

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Pioneer Hi-Bred International, Inc.		
Signature			
Printed Name	Kathryn K. Lappegard		
Date	January 25, 2005	Reg. No.	46,857

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Signature			
Typed or printed name	Kathryn K. Lappegard	Date	January 25, 2005

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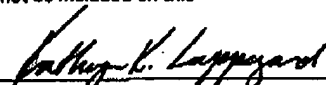
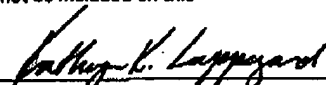
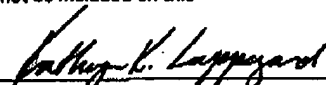
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 0815AAAE		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____. Signature _____ Typed or printed name _____	In re Application of Rudolf Jung Application Number 09/020,716 Filed 02/09/1998 For Alteration of Amino Acid Compositions in Seeds <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Art Unit 1638</td> <td style="border: none; width: 50%;">Examiner McElwain, Elizabeth F.</td> </tr> </table>		Art Unit 1638	Examiner McElwain, Elizabeth F.
Art Unit 1638	Examiner McElwain, Elizabeth F.			
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500 <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>18-1852</u>. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </div> </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; vertical-align: top;"> I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>48,857</u>. <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ </td> <td style="width: 40%; vertical-align: top; text-align: center;">  Signature Kathryn K. Lappegard Typed or printed name (515) 253-5707 Telephone number January 25, 2005 Date </td> </tr> </table>			I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>48,857</u> . <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	 Signature Kathryn K. Lappegard Typed or printed name (515) 253-5707 Telephone number January 25, 2005 Date
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>48,857</u> . <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	 Signature Kathryn K. Lappegard Typed or printed name (515) 253-5707 Telephone number January 25, 2005 Date			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				

☒ *Total of 1 forms are submitted.

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